

## REQUEST FOR LABORATORY EXAMINATION

If evidence has been previously submitted to the laboratory on this incident please indicate the Laboratory Case Number: \_\_\_\_\_

### Submitting Agency Information:

County Code:	Jurisdiction Number:
Agency Name:	Telephone (include area code) (       )
Address: (Street, City, State, Zip Code)	
Evidence Delivered By:	Report/Extra Copies To: (if different from above)
Individual to contact for more information pertaining to this case:	Telephone (include area code) (       )

### Case Information:

Agency Incident Number:	File Class: 00-						
Type of Examination Requested							
Victim(s):	Last	First	Middle		Race	Sex	
	Last	First	Middle		Race	Sex	
	Last	First	Middle		Race	Sex	
Elimination:	Last	First	Middle		Race	Sex	
	Last	First	Middle		Race	Sex	
	Last	First	Middle		Race	Sex	
Suspect(s):	Last	First	Middle	SID	DOB	Race	Sex
	Last	First	Middle	SID	DOB	Race	Sex
	Last	First	Middle	SID	DOB	Race	Sex

### Comments:
